



Cancer Treatment Plan and Budget

Name of Organization/Entity applying for Grant: Your County Health Department

Patient Name: John Doe Date of Birth: 01/01/1943

Diagnosis: Prostate Cancer Date of Diagnosis: 01/07/2008

Comments: Diagnosed at hospital. No source of funds fro treatment. Surgery recommended.

Treatment Plan from 02/2008 to 10/2008 Primary Treating Physician's Name: Dr. Dolittle
(date) (date)

| Procedure and Frequency of Treatment | Date Anticipated | Estimated Costs | Basis for costs (Medicaid rate, HSCRC-regulated rate, or MHIP rate) |
|--|-------------------------------|----------------------------|--|
| Maryland Health Insurance Plan (MHIP) \$1000 PPO plan | April 2008— September 2008 | \$370 x 6 months=\$2220 | MHIP+ \$500, PPO Plan 3 |
| MHIP Buy Down for preexisting condition | April 2008— September 2008 | \$37 x 6 months = \$222 | 10% of premium |
| Sub Total for Treatment | | \$5442 | |
| Indirect costs (Maximum of 7%) | | \$410 | |
| Total Requested (Treatment + Indirect) | | \$5852 | |